

EXTENDED TO JULY 16, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public >

Form 990 (2016)

A F	or the 2	016 calendar year, or tax year beginning S	EP 1, 2016 and end	ding A	UG 31, 20	17	
Вс	heck if	C Name of organization	<del></del>		D Employer ide	ntifica	tion number
		THE <u>UNIV</u> ERSITY OF TEXA	S/TEXAS A&M				
X	Address change	INVESTMENT MANAGEMENT	COMPANY				
	Name change	Doing business as			74	-27	65082
	]initial _return	Number and street (or P.O. box if mail is not de	E Telephone nu	ımber			
	Final return/	210 W.7TH STREET	51	.2-2	25-1600		
	termin- ated	City or town, state or province, country, and	G Gross receipts \$		32,456,665.		
	Amended return		<b>.</b>		H(a) Is this a gro	up retu	urn
	Applica- tion	F Name and address of principal officer THO	MAS BRITTON HARRI	SIV	for subordii		Yes X No
	pending	210 W.7TH STREET, STE.17		8701	1		
T T	ax-exem	npt status X 501(c)(3) 501(c)( )		<b></b>	1		st (see instructions)
		▶ WWW.UTIMCO.ORG			H(c) Group exer		•
			ssociation Other	L Year			State of legal domicile: $T\overline{X}$
		Summary		<u> </u>			<del></del>
		riefly describe the organization's mission or most	significant activities SEE SC	HEDU	LE O		
ဦ		,					
r.	2 Cr	neck this box 🕨 📖 if the organization disco	ntinued its operations or disposed	of more	than 25% of its i	net ass	ets
) ve		umber of voting members of the governing body				3	9
Ğ		umber of independent voting members of the go	•			4	9
Activities & Governance		otal number of individuals employed in calendar	• • • • • • • • • • • • • • • • • • • •			5	94
ļţ.		otal number of volunteers (estimate if necessary)	. , ,			6	
cţ		otal unrelated business revenue from Part VIII, co				7a	0.
⋖		et unrelated business taxable income from Form	, ,,			7b	0.
		,			Prior Year		Current Year
a	8 Co	ontributions and grants (Part VIII, line 1h)				0.	0.
ğ		ogram service revenue (Part VIII, line 2g)			31,527,26	6.	32,307,792.
Revenue	ì	vestment income (Part VIII, column (A), lines 3, 4	. and 7d)		32,06		147,226.
Œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8d				0.	0.
		otal revenue - add lines 8 through 11 (must equa	•		31,559,32	28.	32,455,018.
	_	rants and similar amounts paid (Part IX, column				0.	0.
		enefits paid to or for members (Part IX, column (				0.	0.
s l		alaries, other compensation, employee benefits (			19,996,19	14.	23,958,907.
Expenses	<b>16a</b> Pr	ofessional fundraising fees (Part IX, column (A),	line 11e)			0.	0.
cbe		otal fundraising expenses (Part IX, column (D), lin	· .	). 🗔	3 & T.	3	
ωũ,		ther expenses (Part IX, column (A), lines 11a,114			6,847,35	55.	9,235,066.
		otal expenses Add lines 13-17 (must equal Part			26,843,54		33,193,973.
		evenue less expenses. Subtract line 18 from line	T2   9		4,715,77		<738,955.>
ces		18	(	Ве	ginning of Current	/ear	End of Year
sets	<b>20</b> To	otal assets (Part X, line 16)	100		20,733,09	0.	23,233,382.
t As	<b>21</b> To	Ital liabilities (Fart A, iii le 20)	ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا		10,213,64	6.	13,452,893.
Net Assets Fund Balan	22 No	et assets or fund balances Subtract line 21 fron	line 20 AIDICING OF	3	10,519,44	4.	9,780,489
Pa	irt:II	Signature Block					
Unde	er penaltie	es of perjury, I declare that I have examined this return	including accompanying schedules ar	nd statem	ents, and to the bes	of my	knowledge and belief, it is
true,	correct, a	and complete. Declaration of preparer (other than offic	er) is based on all information of which	preparer	has any knowledge		
		Joan Waller				III	10,2018
Sign	, ]J	Signature of officer			Date	$\sim$	
Her	e		IR., CORP.SEC.& TR	REAS.	,	·	
	- }	Type or print name and title	<del></del>				
	Р	rint/Type preparer's name	Preparer's signature		Date Che	ck	PTIN
Paid	ı [			_	if self	employed	
Prep	arer F	irm's name			Firm's El		_
Use	Only F	ırm's address					
	1				Phone no	).	
May	the IRS	discuss this return with the preparer shown ab-	ove? (see instructions)				Yes No

## THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY

<u>Form</u>	990 (2016) INVESTMENT MANAGEMENT COMPANY	74-2765082	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vac	X No
	If "Yes," describe these changes on Schedule O	163	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	manured by expense	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		rs, the total expenses,	anu
40	revenue, if any, for each program service reported  (Code ) (Expenses \$ 28,500,803 • including grants of \$ ) (Revenue)	32,307,	792
4a		THE BOARD O	
		THE BUAKD U	) <u>r</u>
	REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM.		
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	ue \$	
			<del> </del>
		<del></del>	
	<del></del>		
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ Including grants of \$ ) (Revenue \$	)	
40	Total program service expenses > 28.500.803.	<del></del>	

Form **990** (2016)

### THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY

Form 990 (2016) INVESTMENT M
Part IV Checklist of Required Schedules

74-2765082

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	- 17
2	Is the organization required to complete Schedule B, Schedule of Contributors	2_		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			17
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10_	- <b>1</b>	
• •	as applicable	l Š	Second Second	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	* `@		3 % .
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b_		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		.,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<del> </del> _
120	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	┌┈	<b>-</b>	<u> </u>
. •	complete Schedule G, Part III	19		х

Form 990 (2016) INVESTMENT MANAGEMENT COMPANY

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ		ŀ
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	٦,
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		İ	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			<sub>v</sub>
	complete Schedule L, Part II	26	}	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1	(	ĺ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27_		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			* *
_	Instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	a. i. j	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	$\vdash$	X
	An entity of which a current or former officer, director, trustee, or key employee: in res, complete concedure 2, restriction.  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	<del>                                     </del>	<del></del>
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	i	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-	<b></b>	
	contributions? If "Yes," complete Schedule M	30	}	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Ì	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u>L</u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		_	$\alpha \alpha \alpha$	(0010)

Page 5

	Check it Schedule O contains a response or note to any line in this Part V			ليل
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20		Yes	No
			*41	ž,
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0		* >	'5 N
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			× f.
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 94	2. 2		,
			X	5
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del></del>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			~ x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4- 1		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1 %	
D	If "Yes," enter the name of the foreign country	**		
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	LXL	x.
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del> -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		<del>                                     </del>
Ja	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		X &
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year		_	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	.7е		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Marie .	- A	Ž.
	sponsoring organization have excess business holdings at any time during the year?	8		7 1005
9	Sponsoring organizations maintaining donor advised funds.		É	業
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├─-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	38 &	<del>  -</del>
10	Section 501(c)(7) organizations. Enter.	¥		`
а	Initiation fees and capital contributions included on Part VIII, line 12		11	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>1</b>	51	]
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	.3	S.	
a b	Gross income from other sources (Do not net amounts due or paid to other sources against		ı Ş	1000
U	amounts due or received from them)		ì (À	
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Z `	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	¥ * `	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	*		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O	ioa **	2.3	- #\X
b	Enter the amount of reserves the organization is required to maintain by the states in which the	v V		~;
_	organization is licensed to issue qualified health plans		1.5 3	
С	Enter the amount of reserves on hand	<b>1</b> <sup>®</sup> ,		
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

Form 990 (2016) INVESTMENT MANAGEMENT COMPANY 74-2765082 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

•	, , , , , , , , , , , , , , , , , , , ,			[47]
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			- <del></del>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			ı,
	If there are material differences in voting rights among members of the governing body, or if the governing	52	ij	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ì	3 5	
	Enter the number of voting members included in line 1a, above, who are independent  1b  9	- 3	,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	. للمست		X
_	officer, director, trustee, or key employee?	2		<b>├</b> ^
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا ا		х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	х	
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		х	
_	persons other than the governing body?	7b	<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	د	X	8
_	The governing body?	8a	X	┢
ь	Each committee with authority to act on behalf of the governing body?	8b		<del>                                     </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_^
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	res	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	108		<del></del>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	┢──
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>	'L'	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	·
		12b	X	
c				
_	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	S.		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	*		k .
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	×3.	Ř.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	l` .	lak.	
	taxable entity during the year?	16a		X T
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			. %
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	\$150 200 200 200 200 200 200 200 200 200 2	, 12	ŧ `
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	UTIMCO-KIM BAUER - 512-225-1600			
	210 W. 7TH STREET, SUITE 1700, AUSTIN TX 78701			

INVESTMENT MANAGEMENT COMPANY

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

74-2765082

Page 7

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

(A)	(B)			(0	;)			(D)	(E)	(F)
Name and Title	Average	,,,,		Posi	tion			Reportable	Reportable	Estimated
	hours per	box	not cl	ss per	rson i	s bot	h an	compensation	compensation	amount of
	week	offic	er an	d a di	recto	or/trus	tee)	from	from related	other
	(list any	sctor	ĺ					the	organizations	compensation
	hours for	声	۵			ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		as	esuad		(W-2/1099-MISC)		organization
	organizations	la tr	onal	ĺ	ploye	e 20 m		ļ		and related
	below (ine)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEFFERY D. HILDEBRAND	1.00	=	드	ō	Ϋ́	£ 5	-홈-			
DIRECTOR/CHAIRMAN		х		х				O.	0.	0.
(2) RAY ROTHROCK	1,00	<del>                                     </del>				$\vdash$	<del></del>			
DIRECTOR/VICE CHAIRMAN		x		х				0.	0.	0.
(3) R. STEVEN HICKS	1.00				-					
DIRECTOR/VICE CHAIRMAN FOR POLICY		х		х			ĺ	0.	0.	0.
(4) PHIL ADAMS	1.00					Т				
DIRECTOR		х						0.	0.	0.
(5) J. KYLE BASS	1.00	Г								
DIRECTOR		X						0.	0.	0.
(6) ROBERT GAUNTT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JANET HANDLEY	1.00									
DIRECTOR		x						0.	0.	0.
(8) RAY NIXON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JAMES C. WEAVER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) WILLIAM H. MCRAVEN	1.00						1			
DIRECTOR/VICE CHAIRMAN FOR POLICY	39.00	Х	L_	X		_	<u> </u>	0.	1,496,772.	45,476.
(11) DAVID J. BECK	1.00					İ				•
DIRECTOR	1 00	Х	_			<u> </u>	<u> </u>	0.	0.	0.
(12) H. LEE S. HOBSON	1.00							1		
DIRECTOR (13) BRUCE E. ZIMMERMAN	40.00	X	_				-	0.	0.	0.
CEO & CIO	40.00			х		ļ	ļ	3,896,089.	0.	44,704.
(14) THOMAS BRITTON HARRIS IV.	40.00			Δ	Ь	├	┢	3,030,003.		44,704.
PRESIDENT CEO & CIO	40.00			х				l o.	0.	0.
(15) MARK J. WARNER	40.00	-	$\vdash$			├─	┢	<u></u>		
SENIOR MANAGING DIRECTOR/INTERIM CEO	1000	1		x				1,114,177.	0.	1454598.
(16) JOAN B. MOELLER	40.00					T				
SR.MNG.DIR. CORP.SEC.& TREASURER		1		x		Į .	ł	554,440.	0.	315,209.
(17) RODNEY R. RUEBSAHM	40.00	$\vdash$			_	İΤ	$\vdash$	,		<del></del>
MANAGING DIRECTOR		1		х				821,627.	0.	668,382.
632007 11-11-16										Form <b>990</b> (2016)

INVESTMENT MANAGEMENT COMPANY Page 8 Form 990 (2016) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one box, unless person is both an hours per compensation amount of compensation week officer and a director/trustee! other from from related (list any organizations compensation the hours for (W-2/1099-MISC) from the organization related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations Officer line) (18) SUSAN CHEN 40.00 MANAGING DIRECTOR X 832,941 0. 678,452. (19) UCHE ABALOGU 40.00 CHIEF TECHNOLOGY OFFICER X 446,901 0. 227,164. 40.00 (20) UZIEL YOELI X MANAGING DIRECTOR 474,337 0. 389,056. 40.00 (21) MARK SHOBERG X 98,343. 0. 10,359. MANAGING DIRECTOR 40.00 (22) JAMES RUSSELL KAMPFE X 0. MANAGING DIRECTOR 524,677 386,985. 40.00 (23) CHRISTY WALLACE X 0. EXEC.ASST./ASST.CORP.SECRETARY 77,250. 17,029. 40.00 (24) ANNA CECILIA GONZALEZ X 0. 219,256. CORPORATE COUNSEL & CCO 387,628 40.00 (25) EDWARD LEWIS SENIOR DIRECTOR Х 493,359 0. 419,395. (26) COURTNEY POWERS 40.00 SENIOR DIRECTOR Х 484,364 0. 387,417. 10,206,133. 1.496.772. 5263482. 1b Sub-total 1,243,159. 737,742. 0. c Total from continuation sheets to Part VII, Section A 1,496,772.6001224. 11,449,292. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 42 compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BLOOMBERG LP		
P.O. BOX 416604, BOSTON, MA 02241-6604	FINANCIAL SERVICES	675,100.
THE BURGISS GROUP, 111 RIVER STREET, 10TH		
FLOOR, HOBOKEN, NJ 07030	FINANCIAL SERVICES	211,365.
ANDREWS KURTH		
P.O. BOX 301276, DALLAS, TX 75303	LEGAL SERVICES	187,977.
DAVID BARRETT PARTNERS LLC, 230 PARK		
AVENUE, STE. 450, NEW YORK, NY 10169	HIRING CONSULTANTS	150,000.
NUNNALLY & COMPANY	LEADERSHIP	
3830 VILLANOVA STREET, HOUSTON, TX 77005	DEVELOPMENT SERVICES	123,265.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

\$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 INVEST Part VII Section A. Officers, Directors	MENT MANA	1 <u>21</u> 5	1EI	A.T.	<u> </u>	JIM!	AI	Componented Employ	74-276	5084
(A)	(B)	npic	уее	s, a "	110 h	ugn	est	(D)	(E)	(F)
Name and title	Average hours	e Position Repo		Average Position Reportation compensa		Reportable compensation	Reportable compensation	Estimated amount of other		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) AMANDA HOPPER SENIOR DIRECTOR	40.00	-				x		126 270	0.	270 241
(28) HARLAND DOAK	40.00	┝	┝	_	-	^	_	436,379.		379,243
SENIOR DIRECTOR	10.00	1				x		429,869.	0.	316,11
(29) SPENCER SWAYZE	40.00	r			H	1=	<del>                                     </del>			
DIRECTOR	_		Ĺ			x		376,911.	0.	42,385
		-								
			-		┝	-	┝			
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		L_			<u> </u>	L				
Total to Part VII, Section A, line 1c								1,243,159.		737,74

Form 990 (2016)

Part VIII S

THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir				
					(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns  Membership dues  Fundraising events	1a 1b 1c					
ns, Gifts Similar	e	Related organizations Government grants (contributi	1d   1e					
ntributio		All other contributions, gifts, grant similar amounts not included above.  Noncash contributions included in lines	/e <b>1</b> f					
용팀	_	Total, Add lines 1a-1f			***** ******* ** **** ** *****			
				Business Code	l. "M A.			3 1 7 1/2
ا ه	2 a	MANAGEMENT FEES		523920	32,302,792.	32,302,792.		(
ķ	Z e			523920	5,000.	5,000.		<del></del>
Program Service Revenue				323320	3,000.	3,000.		
E a	•	_ <del></del>						<del></del>
Ba	C	' ———			<del></del>	<del></del>		<del></del>
ro L	•	•		<del></del>				<del></del>
_	f		nue	L	30 300 700	3 . X 8	3 288, /2	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Total. Add lines 2a-2f			32,307,792.		/å % 1	1 13 73
	3	Investment income (including	dividends, inter	est, and		1		140.073
		other similar amounts)			148,873.			148,873.
	4	Income from investment of tax	k-exempt bond p	proceeds				ļ
	5	Royalties		<u> </u>				<u> </u>
			(ı) Real	(ıi) Personal			* *	lt. i
	6 8	Gross rents					l li li	
	t	Less: rental expenses						
		Rental income or (loss)						
	,	Net rental income or (loss)			1 ** ^* ***	, , , , , , , , ,	" \"	"
		Gross amount from sales of	(ı) Securities	(ıi) Other	N. 25 %	12 11 11	à '%.	7 24 18
		assets other than inventory	W G G G G G G G G G G G G G G G G G G G	1 - 17 - 31 - 31				
		Less. cost or other basis						
	•		1	1,647.			. 4	
		and sales expenses		<1,647.				
		Gain or (loss)	L	<1,047.	P . 3	la II.		<1,647.
	ľ	Net gain or (loss)			<1,647.	2 % % % %	<del></del>	<1,047.3
Revenue	8 8	Gross income from fundraising including \$	of					
Re		contributions reported on line	1c) See	İ				
ē		Part IV, line 18	а				1 205	
Other		Less direct expenses	b		(A) (A) . (A)			
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	t	Less direct expenses	b					
		Net income or (loss) from gam	ing activities	<b>•</b>				_
		Gross sales of inventory, less			- W - W - W - W - W - W - W - W - W - W			
		and allowances	а				1 3 %	
		Less: cost of goods sold	b				1 1 2 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
		Net income or (loss) from sale:				.i		
	<u> </u>			Duningan Onda	788 Yes 1		V S	1 2 5.5%
	<u> </u>	Miscellaneous Revenu	e	Business Code	4 <b>3 4</b> 1.	Lit. II.		
	11 a		<del></del>	<u> </u>	<del></del>	<del> </del>	<del> </del>	<del> </del>
	t	·		<b> </b>	<b></b>	<del></del>		<del> </del>
	۰	` <u></u>						<del> </del>
	0	d All other revenue		<u>L</u>				
	•	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions.			32,455,018.	32,307,792.	0.	
63200	9 11-1	11-16						Form <b>990</b> (2016)

Form 990 (2016) INVESTMENT MA
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			7					
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	8,688,195.	6,516,146.	2,172,049.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	12,522,657.	11,655,771.	866,886.					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	749,882.	641,489.	108,393.					
9	Other employee benefits	1,154,512.	987,631.	166,881.					
10	Payroll taxes	843,661.	721,713.	121,948.					
11	Fees for services (non-employees):								
а	Management	100 016		100 016					
b	Legal	188,846.	40 840	188,846.					
С	<b>.</b>	56,950.	48,718.	8,232.	 				
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17		1. ii 1	<u> </u>					
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25,	762,181.	652 010	110 171					
	column (A) amount, list line 11g expenses on Sch O.)	702,101.	652,010.	110,171.					
12	Advertising and promotion	133,503.	114,206.	19,297.	ļ <del></del>				
13	Office expenses	1,834,207.	1,834,207.	19,297.					
14	Information technology	1,034,207.	1,034,207.						
15	Royalties	1,903,313.	1,628,195.	275,118.					
16 17	Occupancy Travel	651,895.	651,895.	275,110.					
18	Payments of travel or entertainment expenses	031,033.	031,033.						
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	23,562.	20,156.	3,406.					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	2,453,498.	2,098,853.	354,645.					
23	Insurance	40,448.	34,601.	5,847.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line								
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	262,422.	224,490.	37,932.	<u> </u>				
a	REPAIRS & MAINTENANCE PARKING	169,335.	144,858.	24,477.	<del></del>				
b	CONTRACT SERVICES	166,404.	144,858.	24,477.	<del> </del>				
C	RECRUITING & RELOCATION	161,814.	138,424.	23,390.	<del> </del>				
d	<del></del>	426,688.	245,089.	181,599.	<del> </del>				
95 25	All other expenses  Total functional expenses. Add lines 1 through 24e	33,193,973.	28,500,803.	4,693,170.	0.				
<u>25</u> 26	Joint costs. Complete this line only if the organization	33,133,373.	20,500,005.	=,0,0,1,1,0.					
20	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here fight following SOP 98-2 (ASC 958-720)								
	II IOIIOWING SOF 96-2 (ASC 936-720)		·	L	Form 990 (0016)				

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	166,032.	1_	60,865.
	2	Savings and temporary cash investments	15,461,229.	2	18,664,093.
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	34,587.	4	52,185.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	İ	employers and sponsoring organizations of section 501(c)(9) voluntary		- 60%	
sts	ĺ	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	910,371.	_9	767,676.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 6,064,716.			
	b	Less accumulated depreciation 10b 5,778,073.	2,679,926.	10c	286,643.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	100-01-	14	401 000
	15	Other assets. See Part IV, line 11	1,480,945.	15	3,401,920. 23,233,382.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,733,090.	16	23,233,382.
	17	Accounts payable and accrued expenses	8,743,616.	17	11,609,867.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	ļ <del>.                                    </del>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	7 % % % v.à
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,		,	
Ē	ľ	key employees, highest compensated employees, and disqualified persons			
Lia		Complete Part II of Schedule L		22	<u> </u>
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,470,030.	25	1,843,026.
	26		10,213,646.	26	13,452,893.
	20_	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	4 3886.0 %	. 20	31 31 *
vo.	1	complete lines 27 through 29, and lines 33 and 34.		<b>\$</b>	
Š	27	Unrestricted net assets	** * *.	27	
ajar.	28	Temporarily restricted net assets		28	
ĕ	29	Permanently restricted net assets		29	
Š	23	Organizations that do not follow SFAS 117 (ASC 958), check here		<u>25</u>	
ř	1	and complete lines 30 through 34.		, ,	1 , *
ts c	30	Capital stock or trust principal, or current funds	0.	30	0.
556	31	Paid-in or capital surplus, or land, building, or equipment fund	$-\frac{0}{0}$	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	10,519,444.	32	9,780,489.
Š	33	Total net assets or fund balances	10,519,444.	33	9,780,489.
	34	Total liabilities and net assets/fund balances	20,733,090.	34	23,233,382.
	34	Total nabilities and their assets/fully balances		<u> </u>	5 990 (2016)

# THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY

Form	1 990 (2016) INVESTMENT MANAGEMENT COMPANY	74-276	5082	Pag	<sub>je</sub> 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	2 3	2,455 3,193 <738 0,519	3,9	73. 55.
	column (B))	10	9,780	, 4	89.
Pai	rt XII Financial Statements and Reporting				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII				X
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed.		2a	Yes	No X
b	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	X	 
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				**
c		e audit,		X	33k
3a	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schas a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Act and OMB Circular A-133?		2c 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	0.		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016
Open to Public

Inspection

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Name of the organization THE UNIVERSITY OF TEXAS/TEXAS A&M

Employer identification number

74-2765082 INVESTMENT MANAGEMENT COMPANY Part Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary n vour governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) THE UNIV.OF TEXAS SYSTEM 30-0710145 6 X 0. 0.

£. 788

Total

Schedule A (Form 990 or 990-EZ) 2016 INVESTMENT MANAGEMENT COMPANY

74-2765082 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (e) 2016 (b) 2013 (d) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10% / facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016 Schedule A (Form 990 or 990-EZ) 2016 INVESTMENT MANAGEMENT COMPANY

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed b	elow, please com	plete Part II)					
	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e	2016	(f) Total
1	Gifts, grants, contributions, and			-				
	membership fees received. (Do not							
_	include any "unusual grants ")					├─		/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					/		
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
		<del></del>			<del>                                     </del>	1		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5	<u> </u>		/		1		<del> </del>
	Amounts included on lines 1, 2, and		<del> </del>			<del>                                     </del>		<del>                                     </del>
16	3 received from disqualified persons			<u></u>				
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year			1				
	: Add lines 7a and 7b		/					
8	Public support. (Subtract line 7c from line 6.)	<b>3:</b>	. 1	74		(R)		
Se	ction B. Total Support				<u> </u>	1		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(6	2016	(f) Total
	Amounts from line 6	(-)	(2) 20 10	(0) 2011	(0/20:0	<del>                                     </del>	720.0	
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
	First five years! If the Form 990 is fo	r the organization	's first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(	c)(3) organi	zation,
6-	check this box and stop here	lia Cuma and D	roontoos					<u> </u>
	ction C. Computation of Pub					1 1		
	Public support percentage for 2016	, , , , , , , , , , , , , , , , , , , ,	• •	column (f))		15		9
	Public support percentage from 2015					16		
	ction/D. Computation of Inve			20.12. 201.000 (6)		147		
	Investment income percentage for 20		,,	ie io, column (f))		17		9
18	Investment income percentage from					18		9
19	33 1/3% support tests - 2016. If the	-					%, and line	1/ is not
	more than 33 1/3%, check this box a	-	•	• -				▶∟
/	<b>33 1/3% support tests - 2015.</b> If the line 18 is not more than 33 1/3%, ch	_						
20	Private foundation. If the organization						_	
	23 09-21-16	or, and flot offect a	. 20x 011 III 0 17, 19	a, or rob, orieon t				0 or 990-EZ) 201

### Schedule A (Form 990 or 990-EZ) 2016 INVESTMENT MANAGEMENT COMPANY

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	X	
	***	X
* 3a	¥.	X
3h	; > ; 3. %	
3b 3c	<b>X</b>	*
4a		x
4b		*
الله المستنادية	â.š	· · ·
4c	×¢	, ,
, 5a	\$	X
5b	<b>8</b> . 3	Öğ .
5c		
*:	i	X
7		X
8	~0.000	<b>x</b> .
<u> </u>	,×**	x
9a	2	X
9b	.3	\
9c 10a		X
10a	2.4.3	

# THE UNIVERSITY OF TEXAS/TEXAS A&M Schedule A (Form 990 or 990-EZ) 2016 INVESTMENT MANAGEMENT COMPANY

Part IV | Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 14 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) X below, the governing body of a supported organization? 11a X b A family member of a person described in (a) above? 11b X c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported X organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes Νo 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below h 」 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) C Activities Test Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Ž. of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b

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_	dule A (Form 990 or 990-EZ) 2016 INVESTMENT MANAGEMENT CO			4-2/65082 Page 6
Ь—	Type in their tangenting intogration cookings curpes into			Port VI \ Con instruction - Al
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI ) See instructions. AI
Sect	other Type III non-functionally integrated supporting organizations must coi ion A - Adjusted Net Income	npiere	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	_		
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	73	* 18	
	instructions for short tax year or assets held for part of year)	*		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	*		
	factors (explain in detail in <b>Part VI</b> )	-		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Seci	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, j j j	
4	Enter greater of line 2 or line 3	4	<i>X LX</i>	
5	Income tax imposed in prior year	5	. All A	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	rated Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Schedule A (Form 990 or 990-EZ) 2016 INVESTMENT MANAGEMENT COMPANY 74-2765082 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable Excess Distributions Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 1.385.13.1 8X Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016. a : \$ A 8. FAX b c From 2013 d From 2014 e From 2015 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: 8 b Excess from 2013 

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 INVESTMENT MANAGEMENT COMPANY	74-2765082	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	17b, Part III, line 12, and 2; Part IV, Section , Section B, line 1e, Pai	· C,
-		-	
	•		
		····	
-			
		· · · · · · · · · · · · · · · · · · ·	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

THE UNIVERSITY OF TEXAS/TEXAS A&M Emplo

16 Open to Public

**Employer identification number** 

OMB No 1545-0047

74-2765082 INVESTMENT MANAGEMENT COMPANY Part 1.1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

3,5	organization answered "Vee" on Form 900. Best IV Ju		s of Free Carros Complete if and
	organization answered "Yes" on Form 990, Part IV, Iir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
-	are the organization's property, subject to the organization's	*	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
-	for charitable purposes and not for the benefit of the donor of	• •	-
	impermissible private benefit?	or deriver advicer, or for any earlier purpose	Yes No
Pai		ganization answered "Yes" on Form 990.	
-	Purpose(s) of conservation easements held by the organizat	<del></del>	
	Preservation of land for public use (e.g., recreation or	· — ' ' ' '	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		Initial Historic Structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year	mod dondon validin don malation in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	` '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	
•	year >	sociation, or terminated by the	o organization during the tax
4	Number of states where property subject to conservation ea	esement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		servation easements during the year
	<b>&gt;</b>	, , , , , , , , , , , , , , , , , , , ,	<b>5</b> ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$	, ,	ů .
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
	conservation easements_		
Pa	rtۥlll Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		·
	(i) Revenue included on Form 990, Part VIII, line 1	_	· <b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	•	<b>\$</b>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	•	
а		, , , ,	<b>▶</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$
		<del></del>	<del> </del>

_		ENT MANAGE							765082	
Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Oth	er Sir	<u>nilar Ass</u>	ets(contini	ıed)
ર્	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	significa	ant use of its	s collection	rtems
	(check all that apply)									
а	Public exhibition	C	ı 🗀	Loan or exc	hange progra	ams				
ь	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	ın haw ti	nev further t	he organizati	ion's eve	amnt ni	irnose in Pa	et XIII	
5	During the year, did the organization solicit of									
3	to be sold to raise funds rather than to be me					ici Siiriiid	li asset	.s 	Yes	No No
Par	t IV Escrow and Custodial Arran					V-0   0-		000 Post IV		
1 41	reported an amount on Form 990, Pa		ete ii trie	organizatio	n answered	res or	i romi	990, Part IV	, line 9, or	
	<del></del>		.1		<del></del>					
ıa	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	is or other as	ssets no	t includ	lea	¬.,	┌
_	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table			_	<del></del>		
							_ <b> </b> _		Amount	
C	Beginning balance						1	с		
d	Additions during the year						1	d		
e	Distributions during the year						1	e		
f	Ending balance						1	f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liab	ılıty?	L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation	on has been	provided on	Part XII	1			
Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	t IV, line	10			
		(a) Current year		Prior year	(c) Two yea			ee years bacl	(e) Four	years back
1a	Beginning of year balance				<u> </u>		<u> </u>		T`	<del></del>
	Contributions		i						<u> </u>	
	Net investment earnings, gains, and losses								<del> </del>	
	Grants or scholarships				<del>                                     </del>				<del>                                     </del>	
	Other expenditures for facilities	<del></del> -			<del></del>				<del>-                                    </del>	
-					1					
	and programs		1		<del> </del>				<del></del>	
	Administrative expenses		<del> </del>		<del> </del>				<del> </del>	
9	End of year balance		<u> </u>		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
<b>3</b> a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd admıniste	ered for	the org	anızatıon	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm				'			<del></del>	<del></del>	
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V. line 11a S	See Form 996	0. Part X	. line 1	0		
	Description of property	(a) Cost or o		T	or other		ccumu		(d) Book	value
	boschphon of proporty	basis (invest			(other)		preciat		(u) Doon	Value
10	Land				\- <del> /</del>	<del></del> -	, p. co.q.			
				<del></del>		<del></del>	3 .	· 200		
	Buildings			3 3 7	6,744.	3	200	,996.	<u> ۲</u>	5,748.
	Leasehold improvements									
	Equipment				5,017.			783.		2,234.
	Other				2,955.	Τ,	<b>284</b>	,294.		3,661.
Total	l. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10c)			<b></b>	286	5,643.

Schedule D (Form 990) 2016

						-,		_
INVE	STME	NT 1	MAN	AGEM	ENT	COI	MPAN	v

COMPLETE II THE ORGANIZATION ANSWERED TES						
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value				i-of-year market	value
(1) Financial derivatives		1 (,,			_ <del></del>	
(2) Closely-held equity interests						
(3) Other		<del></del>				
(A)	<del></del>	† ·				
(B)			<u> </u>			
(C)		<u> </u>				
(D)		<del>                                     </del>				
(E)						
(F)						
(G)						_
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			100 Mag	<b>1</b> 9	1 1 30 ,	* 4
Part VIII Investments - Program Related.		*** 3 * ***	V/N 409/2	<u> </u>	<u> </u>	- 4
Complete if the organization answered "Yes"	on Form 990 Part IV In	a 11c Saa Form 0	100 Part Y line	13		
(a) Description of investment	(b) Book value				d-of-year market	value
	(2) 20011 14140	(6)	- Taladalori O		- your marrier	
(1)		+				
(2)	<del></del>	<del></del>				
(3) (4)		<del> </del>	<del></del>			
	<del> </del>	<del> </del>	<del></del>			
(5)		<del></del>				
(6)		<del></del>		•		
(7)		<del></del>				
(8)		<del>- </del>				
	<del></del>	<del>_</del>			· · · · ·	. 644
LOTAL (Col. (b) must equal Form 990 Part X col. (B) line 13.)		1 '%' 13	\$ WW.	9 %	1 . 2 %	´. 485
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	L		<u> </u>	<u> </u>		7, 28
Part IX Other Assets.	on Form 990 Part IV Ira					
Part IX Other Assets.  Complete if the organization answered "Yes"						
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)	on Form 990, Part IV, lin Description				(b) Book v	alue
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL	Description	e 11d See Form 9			(b) Book v	alue ,915
Complete if the organization answered "Yes"  (a)  (b) ARTWORK TOTAL  (c) DEFERRED COMPENSATION PLA	Description  N ASSETS (45)				(b) Book v 10 1,788	alue ,915
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN	Description  N ASSETS (45)	e 11d See Form 9			(b) Book v	alue ,915
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)	Description  N ASSETS (45)	e 11d See Form 9			(b) Book v 10 1,788	alue ,915
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)	Description  N ASSETS (45)	e 11d See Form 9			(b) Book v 10 1,788	alue ,915
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)	Description  N ASSETS (45)	e 11d See Form 9			(b) Book v 10 1,788	alue ,915 ,893
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)	Description  N ASSETS (45)	e 11d See Form 9			(b) Book v 10 1,788	alue ,915
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)	Description  N ASSETS (45)	e 11d See Form 9			(b) Book v 10 1,788	alue ,915,
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)	Description  N ASSETS (45 PROCESS	e 11d See Form 9			(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)	Description  N ASSETS (45 PROCESS	e 11d See Form 9			(b) Book v 10 1,788	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line	Description  N ASSETS (45 PROCESS	e 11d See Form S	990, Part X, line	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.	Description  N ASSETS (45 PROCESS	e 11d See Form S	990, Part X, line	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9	990, Part X, line	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2) DEFERRED RENT-CURRENT POR	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9  7B)  e 11e or 11f. See (b) Book value  54,13	990, Part X, line Form 990, Part	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9	990, Part X, line Form 990, Part	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2) DEFERRED RENT-CURRENT POR	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9  7B)  e 11e or 11f. See (b) Book value  54,13	990, Part X, line Form 990, Part	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2) DEFERRED RENT-CURRENT POR  (3) DEFERRED COMP. PLAN OBLIGA	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9  7B)  e 11e or 11f. See (b) Book value  54,13	990, Part X, line Form 990, Part	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2) DEFERRED RENT-CURRENT POR  (3) DEFERRED COMP.PLAN OBLIGA  (4)	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9  7B)  e 11e or 11f. See (b) Book value  54,13	990, Part X, line Form 990, Part	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2) DEFERRED RENT-CURRENT POR  (3) DEFERRED COMP.PLAN OBLIGA  (4)  (5)	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9  7B)  e 11e or 11f. See (b) Book value  54,13	990, Part X, line Form 990, Part	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2) DEFERRED RENT-CURRENT POR  (3) DEFERRED COMP.PLAN OBLIGA  (4)  (5)  (6)  (7)	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9  7B)  e 11e or 11f. See (b) Book value  54,13	990, Part X, line Form 990, Part	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2) DEFERRED RENT-CURRENT POR  (3) DEFERRED COMP.PLAN OBLIGA  (4)  (5)  (6)	Description  N ASSETS (45 PROCESS  e 15)  on Form 990, Part IV, lin	e 11d See Form 9  7B)  e 11e or 11f. See (b) Book value  54,13	990, Part X, line Form 990, Part	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) ARTWORK TOTAL  (2) DEFERRED COMPENSATION PLA  (3) DEPOSITS/CONSTRUCTION IN  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2) DEFERRED RENT-CURRENT POR  (3) DEFERRED COMP.PLAN OBLIGA  (4)  (5)  (6)  (7)  (8)	Description  N ASSETS (45 PROCESS  e 15) on Form 990, Part IV, lin TION TIONS	e 11d See Form 9  7B)  e 11e or 11f. See (b) Book value  54,13	Form 990, Part 3.	15	(b) Book v 10 1,788 1,602	alue ,915 ,893 ,112

ile D (Form 990) 2016	NVESTMENT	MANAGEMENT	COMPANY
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74-2765082 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 32,455,018. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 32,455,018. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4¢ Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 33,193,973. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 33,193.973. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 33,193,973. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedu

### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

THE UNIVERSITY OF TEXAS/TEXAS A&M Emplo INVESTMENT MANAGEMENT COMPANY

Open to . Employer identification number

OMB No 1545-0047

Open to Public

74-2765082

### **Questions Regarding Compensation**

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	2 % 3 ,	**	. %
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			92
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	4	Ĭ.	1
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	7 3	\$ >*	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	, y		,
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	***	áia :	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1Ь	X	ľ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	LŽ1	V.y. /	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
			,	1 2
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	2,000		
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to		14.	) × 🔻
	establish compensation of the CEO/Executive Director, but explain in Part III	1811		1 3
	X Compensation committee X Written employment contract	2 ;	34	5
	X Independent compensation consultant X Compensation survey or study			l.
	Form 990 of other organizations  X Approval by the board or compensation committee		¥.:	1 8
		3		1 3
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	À .		>
	organization or a related organization		,	Ä
а	Receive a severance payment or change-of-control payment?	4a	X	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		,	
		<b>1</b>	, 1	ĺ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4,4	À	x
	contingent on the revenues of:	,		
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III	3000	1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Ý
	contingent on the net earnings of	ý,	. 3	
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	: 2 (	1	i X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			`s4s
	not described on lines 5 and 6º If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1,00	2	<b>4</b> ,
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	-5885A	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	38		.)
	Regulations section 53 4958-6(c)?	9	MCA.	, ,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Rart II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(ı)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) WILLIAM H. MCRAVEN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/VICE CHAIRMAN FOR POLICY	(ii)	1,193,644.	300,000.	3,128.	22,525.	22,951.	1,542,248.	0.
(2) BRUCE E. ZIMMERMAN	(i)	571,707.	1,534,499.	1,789,883.	22,525.	22,179.	3,940,793.	3,004,819.
CEO & CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK J. WARNER	(i)	463,205.	647,144.	3,828.	1,430,432.	24,166.	2,568,775.	629,141.
SENIOR MANAGING DIRECTOR/INTERIM CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOAN B. MOELLER	(i)	328,261.	223,451.	2,728.	305,622.	9,587.	869,649.	223,451.
SR.MNG.DIR., CORP.SEC.& TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RODNEY R. RUEBSAHM	(i)	349,719.	469,180.	2,728.	643,399.	24,983.	1,490,009.	458,154.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SUSAN CHEN	(i)	353,163.	475,950.	3,828.	661,221.	17,231.	1,511,393.	432,288.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) UCHE ABALOGU	(i)	296,684.	146,689.	3,528.	202,812.	24,352.	674,065.	141,512.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) UZIEL YOELI	(i)	280,710.	190,099.	3,528.	364,221.	24,835.	863,393.	164,644.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES RUSSELL KAMPFE	(i)	248,267.	274,682.	1,728.	362,548.	24,437.	911,662.	272,696.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANNA CECILIA GONZALEZ	(i)	271,261.	113,439.	2,928.	208,669.	10,587.	606,884.	108,777.
CORPORATE COUNSEL & CCO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EDWARD LEWIS	(i)	256,112.	234,319.	2,928.	395,521.	23,874.	912,754.	188,525.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) COURTNEY POWERS	(i)	233,295.	248,054.	3,015.	363,120.	24,297.	871,781.	217,320.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) AMANDA HOPPER	(i)	222,483.	210,668.	3,228.	354,022.	25,219.	815,620.	178,435.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) HARLAND DOAK	(i)	208,267.	218,674.	2,928.	291,679.	24,437.	745,985.	191,199.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SPENCER SWAYZE	(i)	195,936.	178,047.	2,928.	17,283.	25,102.	419,296.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2016 INVESTMENT MANAGEMENT COMPANY	74-2765082	Page 3
Part III   Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete the	is part for any additional information	•
Part I, Lines 4A-B:  THE CEO/CIO, BRUCE ZIMMERMAN, WAS PAID \$1,758,891 IN SEVERANCE PAY PER HIS  SEPARATION AGREEMENT.  SCHEDULE J, PART 1, LINE 4B AND 7  FOLLOWING ARE THE NAMES OF THE LISTED PERSONS PAID AMOUNTS FOR THE 2016  CALENDAR YEAR UNDER AN ARRANGEMENT DESCRIBED IN 4B:  BRUCE E, ZIMMERMAN \$1,534,499  MARK J. WARNER \$ 647,144		
PART I, LINE 1A:		
UTIMCO PAID \$31,500 FOR INITIATION FEES TO THE UNIVERSITY OF TEXAS GOLF		
CLUB ON BEHALF OF THE NEW PRESIDENT AND CEO/CIO, THOMAS BRITTON HARRIS IV.,		
AND IN ACCORDANCE WITH HIS EMPLOYMENT AGREEMENT. THE PAYMENT WAS INCLUDED		
IN HIS TAXABLE INCOME. UTIMCO WILL PAY FOR THE MONTHLY CLUB DUES ON HIS		
BEHALF GOING FORWARD AND WILL BE INCLUDED IN HIS TAXABLE INCOME.		
PART I, LINES 4A-B:		
THE CEO/CIO, BRUCE ZIMMERMAN, WAS PAID \$1,758,891 IN SEVERANCE PAY PER HIS		
SEPARATION AGREEMENT.		
SCHEDULE J, PART 1, LINE 4B AND 7		
FOLLOWING ARE THE NAMES OF THE LISTED PERSONS PAID AMOUNTS FOR THE 2016		
CALENDAR YEAR UNDER AN ARRANGEMENT DESCRIBED IN 4B:		
BRUCE E. ZIMMERMAN \$1,534,499		
MARK J. WARNER \$ 647,144		
RODNEY R. RUEBSAHM \$ 469,180		

SUSAN CHEN

\$ 475,950

THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY

Schedule J (Form 990) 2016

Part III | Supplemental Information

74-2765082

Page 3

Provide the information, explanation, or	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part	for any additional information.
JAMES RUSSELL KAMPFI	E \$ 274,682	
JOAN B. MOELLER	\$ 223,451	
UZIEL YOELI	\$ 190,099	
ANNA CECILIA GONZALI	EZ \$ 113,439	
UCHE ABALOGU	\$ 146,689	
COURTNEY POWERS	\$ 248,054	
HARLAND DOAK	\$ 218,674	
EDWARD LEWIS	\$ 234,319	
AMANDA HOPPER	\$ 210,668	
SPENCER SWAYZE	\$ 178,047	
AS DISCUSSED IN SCHI	EDULE O, PART VI, SECTION B, LINE 15A AND B, BASE	
SALARIES AND PERFORM	MANCE INCENTIVE AWARDS OF KEY INVESTMENT AND	
OPERATIONS EMPLOYEES	S ARE DETERMINED PURSUANT TO THE PROVISIONS OF THE	
UTIMCO COMPENSATION	PROGRAM (THE PLAN). THE PERFORMANCE INCENTIVE	
AWARD PROVISIONS OF	THE PLAN ARE CONSIDERED A NONQUALIFIED RETIREMENT	
PLAN UNDER 457(F).	THE PLAN IS AN UNFUNDED, UNSECURED LIABILITY OF THE	
ORGANIZATION TO MAKE	E PAYMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE	
PLAN. THE UTIMCO BOA	ARD ANNUALLY SELECTS THE PARTICIPANTS IN THE PLAN	
		Schedule J (Form 990) 2016

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

FOR A PERFORMANCE PERIOD (SEPT 1 TO AUG 31). THE PARTICIPANTS MAY BE MEASURED AGAINST TWO CATEGORIES OF PERFORMANCE GOALS: (1) ENTITY PERFORMANCE AND (2) QUALITATIVE PERFORMANCE GOALS. THE QUALITATIVE GOALS ARE ESTABLISHED ANNUALLY BY THE PARTICIPANT, IN CONJUNCTION WITH THE CEO, AND APPROVED BY THE COMPENSATION COMMITTEE OR UTIMCO BOARD. UPON COMPLETION OF THE PERFORMANCE PERIOD, THE COMPENSATION COMMITTEE AND UTIMCO BOARD DETERMINE A PARTICIPANT'S LEVEL OF ACHIEVEMENT AGAINST THE PARTICIPANT'S ESTABLISHED GOALS. BASED ON THE DETERMINATION OF LEVEL OF ACHIEVEMENT, A PERFORMANCE INCENTIVE AWARD IS AWARDED. FIFTY PERCENT TO ONE HUNDRED PERCENT OF THE PERFORMANCE INCENTIVE AWARD IS PAID TO THE PARTICIPANT WITHIN 150 DAYS OF THE COMPLETION OF THE PERFORMANCE PERIOD BUT NO LATER THAN THE END OF THE CALENDAR YEAR IN WHICH PERFORMANCE PERIOD ENDS. ZERO TO FIFTY PERCENT OF THE PERFORMANCE INCENTIVE AWARD IS TREATED AS A NONVESTED DEFERRED AWARD, SUBJECT TO THE TERMS OF THE PLAN. THE PERCENTAGE TREATED AS A NONVESTED DEFERRED AWARD IS DETERMINED BY THE PLAN, BASED ON EACH ELIGIBLE POSITION. ONE THIRD OF THE NONVESTED DEFERRED AWARD WILL VEST IN EACH OF THE FOLLOWING THREE YEARS ON THE ANNIVERSARY DATE OF THE PERFORMANCE PERIOD. IN CERTAIN CIRCUMSTANCES, AWARDS MAY BE SUBJECT TO HAIRCUT OR

THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY 74-2765082 Page 3 Schedule J (Form 990) 2016 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information CLAWBACK PROVISIONS OR EXTRAORDINARY MANDATORY DEFERRALS. WHEN A PARTICIPANT MEETS THE RETIREMENT PROVISIONS OF THE PLAN, THE PARTICIPANT'S NONVESTED DEFERRED AWARD WILL AUTOMATICALLY VEST AND ANY FUTURE AWARDS WILL VEST UPON BEING AWARDED BY THE UTIMCO BOARD. EXCEPT IN LIMITED CIRCUMSTANCES, SUCH AS THE DEATH OR DISABILITY OF A PARTICIPANT, OR INVOLUNTARY TERMINATION FOR REASONS OTHER THAN CAUSE, A PARTICIPANT WHO IS NO LONGER EMPLOYED WITH UTIMCO ON AN ANNIVERSARY DATE WILL FORFEIT ANY NONVESTED DEFERRED AWARDS.

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2016

Open to Public

Inspection is

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY

Employer identification number 74-2765082

FORI	M 990,	PART	I, LINE	1, DESC	RIPTION	OF ORGAL	NIZATION	MISSION:	
TO I	PROVIDE	E PROF	ESSIONAL	INVEST	MENT MAN	AGEMENT	AND REI	LATED SERVI	CES FOR
THE	FUNDS	UNDER	MANAGEM	ENT AND	CONTROL	OF THE	BOARD (	OF REGENTS	OF THE
UNI	VERSITY	OFI	EXAS SYS	TEM.		-			

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO GENERATE SUPERIOR LONG-TERM INVESTMENT RETURNS TO SUPPORT THE

UNIVERSITY OF TEXAS AND TEXAS A&M UNIVERSITY SYSTEMS AS THEY PROVIDE

WORLD-CLASS TEACHING, PUSH THE BOUNDARIES OF DISCOVERY, AND ACHIEVE

EXCELLENCE IN PATIENT HEALTHCARE FOR THE PEOPLE OF TEXAS AND BEYOND.

FORM 990, PART VI, SECTION A, LINE 7A:

UTIMCO IS GOVERNED BY A NINE-MEMBER BOARD OF DIRECTORS AS REQUIRED BY TEXAS EDUCATION CODE, SECTION 66.08. UTIMCO'S BOARD OF DIRECTORS CONSISTS OF SEVEN MEMBERS APPOINTED BY THE UT SYSTEM BOARD OF REGENTS AND TWO MEMBERS APPOINTED BY THE TEXAS A&M SYSTEM BOARD OF REGENTS. THE SEVEN MEMBERS APPOINTED BY THE UT SYSTEM BOARD OF REGENTS SHALL INCLUDE AT LEAST THREE MEMBERS OF THE UT SYSTEM BOARD, ONE QUALIFIED INDIVIDUAL AS DETERMINED BY THE UT SYSTEM BOARD WHICH MAY INCLUDE THE CHANCELLOR OF THE UT SYSTEM AND THREE WITH SUBSTANTIAL BACKGROUND AND EXPERTISE IN INVESTMENTS. OF THE TWO MEMBERS APPOINTED BY THE TEXAS A&M SYSTEM BOARD, ONE MUST HAVE SUBSTANTIAL BACKGROUND AND EXPERTISE IN INVESTMENTS. ALL DIRECTORS HAVE EQUAL VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7B:

AS STATED IN 7A ABOVE, THE BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS

SYSTEM APPOINTS SEVEN OF THE UTIMCO DIRECTORS AND THE BOARD OF REGENTS OF

TEXAS A&M UNIVERSITY SYSTEM APPOINTS TWO. PURSUANT TO AN INVESTMENT

MANAGEMENT SERVICES AGREEMENT, UTIMCO IS GRANTED AUTHORITY TO ACT FOR THE

UT BOARD OF REGENTS IN THE INVESTMENT OF THE FUNDS UNDER THE MANAGEMENT AND

CONTROL OF THE UT BOARD OF REGENTS. HOWEVER, THE UT BOARD OF REGENTS HAS

RETAINED FINAL APPROVAL FOR THE INVESTMENT POLICY STATEMENTS COVERING THE

FUNDS UNDER INVESTMENT, THE SELECTION OF THE EXTERNAL AUDITOR FOR THE

FUNDS, AND THE SELECTION OF THE CUSTODIAN. IN ADDITION, THE UT BOARD OF

REGENTS APPROVES THE PROPOSED ANNUAL UTIMCO OPERATING AND CAPITAL BUDGETS

AND KEY GOVERNANCE DOCUMENTS, INCLUDING THE ARTICLES OF INCORPORATION,

BYLAWS, CODE OF ETHICS, AND UTIMCO COMPENSATION PROGRAM.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS COMPLETED BY UTIMCO EMPLOYEES. THE SENIOR MANAGING

DIRECTOR OF ACCOUNTING, FINANCE AND ADMINISTRATION, WHO ALSO SERVES AS THE

CORPORATION'S SECRETARY AND TREASURER, WITH THE ASSISTANCE OF THE

CORPORATION'S CORPORATE COUNSEL AND CHIEF COMPLIANCE OFFICER AND AN

INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT, PERFORMED A DETAILED, LINE BY LINE

REVIEW OF THE INFORMATION REPORTED BY UTIMCO EMPLOYEES. THE 990 WAS

PROVIDED TO THE PRESIDENT, CEO AND CHIEF INVESTMENT OFFICER AND TO THE BOARD

OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL UTIMCO DIRECTORS AND EMPLOYEES ARE REQUIRED TO FILE, UPON COMMENCEMENT
OF ASSOCIATION WITH UTIMCO, AND ANNUALLY THEREAFTER, A FINANCIAL DISCLOSURE
STATEMENT DISCLOSING PERSONAL INVESTMENTS AND RELATIONSHIPS THAT HAVE THE
POTENTIAL TO CREATE CONFLICTS OF INTEREST WITH THE CORPORATION. CONFLICTS
CHECKS ARE ALSO PERFORMED BEFORE ANY INVESTMENT IS MADE. ADDITIONALLY, THE

Employer identification number 74-2765082

UTIMCO CHIEF COMPLIANCE OFFICER REVIEWS THE STATEMENTS FILED BY DIRECTORS

AND KEY EMPLOYEES AND PERIODICALLY REVIEWS PUBLICLY AVAILABLE RESOURCES TO

INDEPENDENTLY VERIFY THE INFORMATION CONTAINED IN THE FINANCIAL DISCLOSURE
STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE UTIMCO BOARD CREATED A COMPENSATION COMMITTEE IN 1996. THIS COMMITTEE IS TASKED WITH DETERMINING THE BASE SALARIES AND PERFORMANCE INCENTIVE AWARDS OF KEY INVESTMENT AND OPERATIONS EMPLOYEES (OTHER THAN THE CEO), PURSUANT TO THE PROVISIONS OF THE UTIMCO COMPENSATION PROGRAM (THE PLAN). THE COMPENSATION COMMITTEE IS ALSO TASKED WITH RECOMMENDING TO THE UTIMCO BOARD OF DIRECTORS THE BASE SALARY AND PERFORMANCE INCENTIVE AWARD OF THE CEO. PURSUANT TO THE PLAN, THE COMMITTEE MUST HIRE AN INDEPENDENT CONSULTANT AT LEAST ONCE EVERY THREE YEARS TO PERFORM A COMPENSATION BENCHMARKING STUDY. THE INDEPENDENT CONSULTANT ALSO WORKS CLOSELY WITH THE COMMITTEE ON PLAN DESIGN. IN YEARS IN WHICH A FORMAL STUDY IS NOT PERFORMED, BASE SALARIES MAY BE ADJUSTED BASED ON APPROPRIATE PUBLISHED COMPENSATION SURVEYS. THE LAST COMPENSATION BENCHMARKING STUDY WAS COMPLETED IN AUGUST 2017. THE SPECIFIC POSITIONS INCLUDED IN THE SALARY BENCHMARKING STUDY PERFORMED BY THE OUTSIDE CONSULTANT COMPLETED IN AUGUST 2017 WERE AS FOLLOWS:

INVESTMENT PROFESSIONALS:

CEO & CHIEF INVESTMENT OFFICER

DEPUTY CHIEF INVESTMENT OFFICER

SENIOR MANAGING DIRECTOR-INVESTMENTS

MANAGING DIRECTOR-INVESTMENTS

MANAGING DIRECTOR-FIXED INCOME

Schedule O (Form 990 or 9	90-EZ) (2016)	Page 2
Name of the organization	THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY	Employer identification number $74-2765082$
MANAGING DIREC	CTOR-RISK MANAGEMENT	
SENIOR DIRECTO	OR-INVESTMENTS	
DIRECTOR-INVES	STMENTS	
DIRECTOR-RISK	MANAGEMENT	
ASSOCIATE DIR	ECTOR-INVESTMENTS	
ASSOCIATE DIR	ECTOR-RISK MANAGEMENT	<u></u> -
ASSOCIATE-INVI	ESTMENTS	
ASSOCIATE-RISE	K MANAGEMENT	
SENIOR ANALYS	r-investments	
ANALYST-INVES	rments	
ANALYST-RISK I	MANAGEMENT	
SENIOR INVEST	MENT COUNSEL	
OPERATIONS/SU	PPORT PROFESSIONALS:	
SENIOR MANAGII	NG DIRECTOR	
CHIEF TECHNOLO	OGY OFFICER	
CORPORATE COU	NSEL AND CHIEF COMPLIANCE OFFICER	
SENIOR MANAGE	R	
MANAGER		
MANAGER-INFRA	STRUCTURE AND CISO	
MANAGER-DEVELO	ОРМЕПТ	
BUSINESS ANALY	YST AND DOCUMENT SYSTEM MANAGER	<u></u>
MINUTES ARE M	AINTAINED OF ALL OPEN SESSIONS OF THE UTIM	1CO BOARD AND
COMPENSATION (	COMMITTEE AS REQUIRED BY THE TEXAS OPEN ME	EETINGS ACT, TEXAS
GOVERNMENT CO	DE, CHAPTER 551.	
FORM 990, PAR	r VI, SECTION C, LINE 19:	
632212 08-25-16	S	Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY	Employer identification number 74-2765082
UTIMCO HAS MADE ITS GOVERNING DOCUMENTS AND CONFLICT OF I	NTEREST POLICY
AVAILABLE ON ITS WEBSITE AT WWW.UTIMCO.ORG. THE YEAR-END	AUDITED FINANCIAL
STATEMENTS ARE AVAILABLE IN THE BOARD MATERIALS WHICH ARE	ALSO AVAILABLE AT
THE UTIMCO WEBSITE. UTIMCO IS SUBJECT TO THE TEXAS PUBLI	C INFORMATION ACT,
TEXAS GOVERNMENT CODE, CHAPTER 552, AND UPON REQUEST, WOU	LD PROVIDE COPIES
FOR INSPECTION OR COPYING TO THE REQUESTOR.	
	····
FORM 990, PART XII, LINE 2C:	
UTIMCO HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OV	ERSIGHT OF THE
AUDIT REVIEW AND THE OVERSIGHT AND SELECTION PROCESSES DI	D NOT CHANGE
DURING THE TAX YEAR.	
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#### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2016.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization

THE UNIVERSITY OF TEXAS/TEXAS A&M INVESTMENT MANAGEMENT COMPANY

Employer identification number 74-2765082

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state foreign country)					controlling entity	g
					-			
						· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	<u> </u>			1			
Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.	izations. Complete if the organiza	tion answered "Yes" on Form 99	0, Part IV, line 34 t	pecause it had one	or more r	related tax-exe	empt	
Part II organization of Related Tax-Exempt Organications during the tax year.  (a)  Name, address, and EIN  of related organization	(b) Primary activity	tion answered "Yes" on Form 99  (c)  Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct	(f) t controlling entity	Section 5	g) 512(b)(13) rolled ity?
organizations during the tax year.  (a)  Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direct	(f) t controlling	Section 5	rolled
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  THE UNIVERSITY OF TEXAS SYSTEM - 30-0710145	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direct	(f) t controlling	Section 5 contr	rolled ity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  THE UNIVERSITY OF TEXAS SYSTEM - 30-0710145  201 W. 7TH STREET	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direct	(f) t controlling	Section 5 contr	rolled ity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  THE UNIVERSITY OF TEXAS SYSTEM - 30-0710145	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct	(f) t controlling	Section 5 contr	rolled ity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  THE UNIVERSITY OF TEXAS SYSTEM - 30-0710145  201 W. 7TH STREET	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct	(f) t controlling	Section 5 contr	rolled ity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  THE UNIVERSITY OF TEXAS SYSTEM - 30-0710145  201 W. 7TH STREET	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct	(f) t controlling	Section 5 contr	rolled ity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  THE UNIVERSITY OF TEXAS SYSTEM - 30-0710145  201 W. 7TH STREET	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct	(f) t controlling	Section 5 contr	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Page 2

Fart III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a)	(b)	(0)	(4)	(0)	(4)	(m)	,	۳,	(3)	(3)	100
(a)	(b)	(c)	(d)	(e)	(f)	(g)	"	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	amount in box	nanaging	ownership
	l	foreign country)	{	Predominant income (related, unrelated, excluded from tax under sections 512-514)	l	assets		No	amount in box 20 of Schedule K-1 (Form 1065)	VaalNa	1
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ldentification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	0111	
								Yes	No_
		1							
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Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2016 INVESTMENT MANAGEMENT COMPANY

Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							Yes	No
1 D	uring the tax year, did the organization engage in any of the following transaction	s with one or more i	related organizations listed	In Parts II-IV?			-41/2	<b>%</b> `	
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/					1a		X
<b>b</b> G	ift, grant, or capital contribution to related organization(s)						1b_		X
c G	ift, grant, or capital contribution from related organization(s)						1c		X
d L	pans or loan guarantees to or for related organization(s)						1d		Х
e L	pans or loan guarantees by related organization(s)						1e	X	
								-/	
f D	vidends from related organization(s)						1f		X
g S	ale of assets to related organization(s)						1g		X
h P	urchase of assets from related organization(s)						1h		X
iΕ	xchange of assets with related organization(s)						1i		X
j L	ease of facilities, equipment, or other assets to related organization(s)						1j		X
k L	ease of facilities, equipment, or other assets from related organization(s)						1k		X
	erformance of services or membership or fundraising solicitations for related orga	inization(s)					11	X	
	erformance of services or membership or fundraising solicitations by related orga	• •					1m		X
	haring of facilities, equipment, mailing lists, or other assets with related organizati	* *					1n	$\neg \uparrow$	X
	haring of paid employees with related organization(s)	(-)					10		X
	3 - 1 1						7.7%	λ	_
рR	elmbursement paid to related organization(s) for expenses						1p	······································	X
	eimbursement paid by related organization(s) for expenses						1g		X
•							*,		
rΩ	ther transfer of cash or property to related organization(s)						1r		X
	ther transfer of cash or property from related organization(s)						1s		X
	the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	this line including covered	relationships ar	d transacti	on thresholds			
			1	Total or is ripo a.	ia transasti				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	<b>М</b> .	ethod of de	(d) termining amount ir	volved		
	<b>3</b>	type (a-s)							
n TH	E UNIVERSITY OF TEXAS SYSTEM	E	1,367,186.	SEE PART	vII.	SUPPLEMEN	TAL	INF	ο.
.,									_
o TH	E UNIVERSITY OF TEXAS SYSTEM	L	32,302,792.	SEE PART	VII.	SUPPLEMEN	TAL	INF	ο.
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(5)									
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(6)									

Schedule R (Form 990) 2016

\*Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are all	(f) Share of	(g) Share of	(h)	(i) Code V-UBI	(j) General o	(k)
of entity	Filliary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3) orgs ?	total	end-of-year	tionate allocations	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	owners
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	<u> </u>
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# 74-2765082 Page 5 INVESTMENT MANAGEMENT COMPANY Schedule R (Form 990) 2016 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions SCHEDULE R, PART V, SECTION 2, LINE 1-2 (D) LINE(1) (D): UTIMCO INCURRED \$1,367,186 IN TENANT LEASEHOLD IMPROVEMENT CONSTRUCTION COSTS AND PROJECT MANAGEMENT COSTS THAT WERE PAID DIRECTLY TO THE CONTRACTORS BY THE UNIVERSITY OF TEXAS SYSTEM ON BEHALF OF UTIMCO. UTIMCO WILL REIMBURSE THE UNIVERSITY OF TEXAS SYSTEM FOR THIS AND ANY ADDITIONAL COSTS RELATED TO THE BUILD OUT WHEN THE PROJECT IS COMPLETE. LINE(2) (D): UTIMCO RECEIVED MANAGEMENT FEES FOR ITS INVESTMENT MANAGEMENT AND RELATED SERVICES. THE AMOUNT OF THE MANAGMENT FEES WAS BASED ON THE BUDGET APPROVED BY THE UTIMCO BOARD AND THE UT SYSTEM BOARD OF REGENTS.

THE UNIVERSITY OF TEXAS/TEXAS A&M